



Kelsey Centre Program/Activity
Registration

Please complete the following confidential information:

Date: _____

Name: _____ Age _____

Phone: _____ Address: _____

PHYSICAL Health: Please rate yourself by circling the following:

Poor Average Good Excellent

Please note any pregnancy, major surgeries, high or low blood pressure, back or neck problems, knee surgery, hip surgery, arthritis.

Please consult with your Doctor as to your ability or limitation should you be in concern.

Doctors Name: _____ Telephone _____

By signing this registration I release the Kelsey Centre and the Instructor (not certified) of any responsibility in this practice.

I _____, accept responsibility for my own health.
Print

Signature: _____ Program/Activity: _____